PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2004

Application or Docket Number

09857960

		CLAI	MS A	S FILED - PART I				SMALL ENTITY				OTHER THAN	
<u>. </u>		·		· (Colur	nn:1)	(Coli	ımn 2)	1	TYPE [OR	SMALL	ENTITY
TOTAL CLAIMS						· ·		RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUM	NUMBER EXTRA		BASIC FEE	395.00	OR	BASIC FEE	790.00	
TOTAL CHARGEABLE CLAIMS				П	ninus 20=	٠	•		X\$ 9=		OR	X\$18=-	
INDEPENDENT CLAIMS					ninus 3 =	<u> </u>	•		X44=		OR	X88=	
MULTIPLE DEPENDENT CLAIM P				RESENT	·	•			+150=		OR	+300=	, ,
* If the difference in column 1 is				less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	
	C	I AIMS	ASA	MENDED - PART II								OTHER	THAN
		(Colum	nn 1)				(Column 3)	_	SMALL	ENTITY	OR	SMALL	
AMENDMENTA		CLAI REMAI AFTI AMEND	NING ER	,	NUN PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		ŘATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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NT B		(Colum CLAII REMAII AFTE	MS NING ER		HIĞI NUM	IEST IBER OUSLY	PRESENT EXTRA		RATE,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Tota!	CLAI REMAII AFTI	MS NING ER	Minus	HIGH NUM PREVI	IEST IBER OUSLY	PRESENT EXTRA		RATE,	TIONAL	OR	RATE XS18=	TIONAL
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AMENDMENT B		CLAIREMAII REMAII AFTE ACTIVO	MS NING ER VENT	láinus	HIGH NUM PREVI PAID	HEST BBER OUSLY FOR	PRESENT EXTRA		X\$ 9= X44=	TIONAL	OR	X\$18≈ X88≈	TIONAL
	Independent	CLAIREMAII REMAII AFTE ACTIVO	MS NING ER VENT	láinus	HIGH NUM PREVI PAID	HEST BBER OUSLY FOR	PRESENT EXTRA		X\$ 9= X44= +150=	TIONAL	OR OR	X\$18=	TIONAL
	Independent	CLAIREMAII REMAII AFTE ACTIVO	MS NING ER VENT	láinus	HIGH NUM PREVI PAID	HEST HEER OUSLY FOR	PRESENT EXTRA		X\$ 9= X44=	TIONAL	OR OR	XS18= XE8= +300=	TIONAL
	Independent	CLAIREMAIN AFTI ALTERNATION	MS NING ER MENT OF MU	láinus	HIGH NUM PREVI PAID	EST BER OUSLY FOR CLAIM	PRESENT EXTRA		X\$ 9= X44= +150=	TIONAL	OR OR	XS18= XE8≈ +300=	TIONAL
AMENDMENT	Independent	CLAIREMAIN AFTE ALCITUDE	MS NING ER 2/5/8T OF MU	láinus	HIGH NUM PREVI PAID	EST BER OUSLY FOR CLAIM no 21 EST BER OUSLY	PRESENT EXTRA	A .	X\$ 9= X44= +150= TOTAL DOTL FEE	TIONAL	OR OR	XS18= XE8≈ +300=	TIONAL
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AMENDATENT	Independent FIRST PRESE Total Independent	CLAIR REMAIN AFTI ALATION (Column CLAIR REMAIN AFTE AMENDI	MS NING ER 2/E//T OF ML OF ML MS NING ER - MENT	Rinus ULTIPLE DI Minus Minus	COLUMN PREVIOUS PAID	CLAIM CLAIM no 2\ EST BER OUSLY FOR	PRESENT EXTRA	*	X\$ 9= X44= +150= TOTAL DOIT, FEE	ADDI- TIONAL FEE	OR OR OR	XS18= XE8= +300= TOTAL ADDIT FEE	ADDI- TIONAL
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